

Joint Meeting
KanCare Consumer and Specialized Issues (CSI) Workgroup
And
KanCare Provider and Operational Issues (POI) Workgroup
March 27, 2013 10:00am-12:00pm
DCF Office Building Rm D
Topeka, KS 66604

Those attending in person:

Paul Endacott, Russell Nittler, Kim Brown, Joe, Ewert, Sally Huber, Sue Zupancic, Njeri Shomari, Edward Nicholas, Jane McIrvin, John Kaul, Eric Harkness, Hal Schultz, Anna Lambertson, Nancy Johnson, Dr. Jane Adams, Barb Conant, Steve Gieber, Dr. Susan Mosier, Lynne Valdivia, Jerry Delashaw, Greg Hennen, Ric Dalke, Sandra Dixon, Jeremy Whitt, Larry Martin, Jennie Henault, Lori Lowrey, Cheryl Rathbun, Cindy Stortz

Those attending by telephone:

Lora Key, Barbara Timberlake, Elizabeth Maxwell, Jacque Clifton, Mike Knebel, Kristi Berning, Twila Olson, Michele Justice, Bala Vanukuru with Sunflower

Those Absent:

Jason Gallagher, Aldona Carney, Stephen Acker, Rene Strunk, Melodee Bemis, Scott Hines, Dale Stiffler, Lori Feldkamp, Mike Larkin, Marilyn Kubler

Introductions:

Paul Endacott and Russell Nittler began the meeting with introductions of themselves and Vice-Chair holders for the two groups. We then went around the room with each member introducing themselves to the rest of the group.

Paul then reviewed the charter for the POI group, indicating the need for feedback and advice on various issues that may be approached in these groups. Russell then reviewed the charter for the CSI group which was very similar to the POI charter. Russell indicated this group also needs feedback, advice and perspectives from consumers in particular as well as advocates. The floor was then turned over to Dr. Susan Mosier of KDHE.

Dr. Susan Mosier:

Dr. Mosier presented a power point "KanCare Operations Workgroups" which is a quick review of the KanCare/Medicaid systems. Please see handout.

"KanCare is basically integrated coordinated care".

"One of the first things said at The Advisory Council when it met a year ago March for the first time was that we are really making a cultural change in healthcare". They asked that we reach out often, to listen and creating groups like this.

Dr. Mosier stated some major coordinating features of KanCare include:

1. Coordinating care for the whole person
2. Clear accountability
3. Improving outcomes through incentivizing quality and performance
4. Consolidating financing.

Dr. Mosier stated there is a trend for Medicaid nationwide to go to a Capitated Risk Based Managed Care System. She stated that 50% of the states have indeed adopted this system.

➤ Q: What are capitated systems?

- A: MCO's are paid a per member monthly fee. Out of that fee Providers are paid a fee for service rate.

At the end of the presentation Dr. Mosier asked if there were any questions. They are as follows:

- Q: Barb - What days are the rapid response phone calls held?
 - A: Dr. Mosier - Calls are currently on Thursday mornings from 9am-10:30am. Beginning next week, we will be holding those calls on Tuesday, Thursday and Fridays from 9am to 10am. These calls consist of leadership from all three MCO's and State representatives who are there to help answer questions posed by consumer and providers. Issues are logged on the KanCare website, as well as the individual MCO websites.
- Q: How will the State review happen for the Plans of Care?
- A: Kim - answered that it would happen through the Internal IT system. Only Plans of Care with reduction in services will be reviewed. Each MCO will input a Plan of Care for each consumer, and the State will review and approve.
- Q: Sally - Is the drug listing different than it was before? We are seeing a difference in the foster care kids' listings.
 - A: Dr. Mosier - The drug listings should be the same as they were before KanCare.
 - Kim - Kelley Melton is the KDHE pharmacist contact and she will be happy to help sort through issues. Her email address is kmelton@kdheks.gov. You may also continue to contact Kim Brown if you wish, and she will connect you with Kelley.
- Q: Eric - What if you are experiencing a problem with Continuity of Care regarding pharmacists?
 - A: Dr. Mosier - This is a question Kelley Melton of KDHE would be happy to address with you. Dr. Mosier went on to state they could call anyone within the KanCare team, as they have a "no wrong door" policy to which a provider then commented that the policy regarding reaching someone is the way it actually works and it works very well.

Dr. Jane Adams added that the system in place at this point regarding the state receiving calls from parents that are unable to get meds for their kids seems to be working very well. She added she was impressed with the fact it only took "minutes" to get a response which was a great thing.

A guest of one of the members asked several questions regarding the I/DD waiver.

- Q: How do we maintain costs once shifted to KanCare how are the costs going to be contained or services maintained? By not cutting services how do you save money?
 - A: Dr. Mosier – By treating the whole person. Physical health as well as developmental or psychological issues. An example was given regarding controlling a person with diabetes. By controlling their eating habits, you not only control their sugar levels, but also their weight and possibly cholesterol and other levels. By doing all this you may save a consumer from becoming an amputee. We realize that moving to this format is long term ways to reduce cost. In the short run you may actually see costs go up, but in the long term we see better health and better life as well as long term costs reductions.
- Q: My question is more waiver specific and maybe we can talk about it afterward.
 - A: At this point we do not have anyone here to discuss or answer questions regarding the I/DD waiver. That is a good example of a topic we may be discussing at one of our future meetings.

After a brief discussion in which it was decided this topic (I/DD pilot) would be on the agenda at a future meeting; Lynne Valdivia was introduced as the next speaker.

Lynne Valdivia:

Lynne Valdivia of Kansas Foundation for Medical Care (KFMC) handed out paper copies of a power point presentation and a hand-out entitled "KanCare Evaluation". She then presented a power point "KanCare Evaluation – Evaluation Plan –Draft". Please see handout.

Lynne explained how the KFMC planned to monitor the MCO's effectiveness as well as the consumer and provider assessments of the MCO's performance as related to the actual agreements made with the State of Kansas.

When Lynne reached the slide regarding the Ombudsman Program she was asked if there was a way to track the trends James is seeing. It was suggested that these may be placed on a log and onto the website for all to see how they were resolved. Kim stated she would pass this information onto James for consideration.

The following questions were then asked:

- Q: How are you going to evaluate how a grievance was resolved to the satisfaction of the consumer?
 - A: Kim stated that part of the resolution process for grievances is helping to determine that the resolution is satisfactory. If a grievant is dissatisfied, they can always file state fair hearing. We would then have this data.
 - It was suggested that dissatisfaction with resolutions be tracked to see if there are any trends at the Ombudsman level. This will be conveyed as an idea to the KanCare Ombudsman.
- Q: May a consumer file a grievance through an attorney?
 - A: Kim answered that consumers may take other actions as they see fit.
- Q: Sandra – There are no survey questions regarding substance abuse, is there a reason for this?
 - A: Kim stated she was glad this question was asked and that they are currently looking at how to gather questions to evaluate that portion of treatment.

Once the Developmental Disabilities (DD) Pilot Project slides were gone through the following questions arose:

- Q: How does this pilot affect people on the waiting list to get services?
 - A: This is not really part of the pilot, but it's a good question for MCO's to address at maybe a future meeting. Regarding how this would be evaluated, that really should fall under the access to care portion.
- Q: Why is there a pilot program for DD?
 - A: To help acclimate people with Developmental Disabilities to managed care.
- Q: Tarc and other agencies have people that are currently working with these folks; it is my understanding that KanCare is heading to taking over the case managers who may not be as available when they are needed as they currently are in the old system.
 - A: Lynne – Again one component can be access measures.
 - A: Kim – We talked about doing a performance improvement project which would focus on assessing the field based care coordination component of KanCare.

There was more discussion regarding the DD Pilot Project and Joe intervened with the following statement: "We have quite a few questions regarding the DD population and we really don't have anyone here to answer those questions, we will have to get back with you about these questions".

There was more discussion on this topic to which Steve Gieber stated he served on the DD Pilot committee and would be happy to answer any questions possible after the meeting is over. We decided to add a segment on the I/DD pilot to the next CSI meeting.

When Lynne reached the slide titled Uncompensated Care Pool and The Delivery System Reform Incentive Payment Pool (last slide) several questions were raised:

- Q: What is "uncompensated" care?
 - A: Hospitals across Kansas can get additional money for providing services to uninsured consumers. We will be evaluating but do not have performance measures for this developed at this point.

- Q: As you develop the quarterly reports, do you have any responsibility to report findings or recommendations?
 - A: Lynne – Yes
- Q: Will surveys be consistent with all three MCO's?
 - A: Lynne – CAHP surveys will be consistent with maybe a few additional details per MCO.

If any members or acquaintances of members have suggestions for the evaluations, these may be given to the leads in the work groups.

Kim Brown:

Kim then indicated these meetings will be held once a quarter for two hours. She stated that although it would work better if you are able to get there in person, the leads would continue to offer the call in option. After some discussion it was decided the next meeting would tentatively be on June 26th, which Cindy sending further information to committee members.

Cindy then asked that if members or leaders had any agenda items or issues that they would like to discuss, please have them to her no later than 4-5 days prior to the meeting date. This will allow her to take care of them and still get information to members a couple of days prior to the meetings.

- Q: What would you like us to work on in the meantime?
 - A: Kim asked that the members take the information Lynne just gave them and email questions or information they would like to see on the survey to Kim, Paul, Cindy, Russell or Joe and we would make sure they get forwarded to the appropriate person.
- Q: Are these meetings open to the public?
 - A: Kim replied that yes non-members may be in the gallery in "listen only" mode.
- Q: Where will minutes be posted? Is there a searchable option for the KanCare web site FAQs?
 - A: Minutes will be posted to KanCare web site. Currently the web site is not technically searchable but this will be taken into consideration.
- Q: What is the timeline for when the MCO's must develop their Member Advisory Councils?
 - A: These discussions are occurring now but a timeline has yet to be announced.

Notes respectfully submitted on this 28th day of April by Cindy Stortz